

**CREATIVE KIDS CLUB
ST CROIX CATHOLIC SCHOOL
621 South Third Street, Stillwater MN 55082 (651) 439-5581**

BEFORE AND AFTER SCHOOL CARE REGISTRATION FORM

Student's Name _____ M ____ F ____
School Year _____ Grade _____ Teacher _____ Birthdate _____
Student's Address _____
City, State, Zip _____

Mother/Guardian's Name _____				
Does child live with Mother/Guardian? _____				
Mother/Guardian's Address _____				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Home Telephone _____				
Cell Phone _____				
Place of Employment _____				
Work Telephone _____				
If child does not live with Mother: Should we contact in emergency? Yes ____ No ____				

Father/Guardian's Name _____				
Does child live with Father/Guardian? _____				
Father/Guardian's Address _____				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Home Telephone _____				
Cell Phone _____				
Place of Employment _____				
Work Telephone _____				
If child does not live with Father: Should we contact in emergency? Yes ____ No ____				

We have read the St. Croix Catholic School Creative Kids Club Handbook for Families and the CKC Discipline Policy. In consideration of acceptance into the CKC program, I/We agree to make timely payments of required fees and adhere to all rules and regulations of the program. We understand that our failure to meet the conditions of this agreement may result in our child being unable to use the Creative Kids Club services.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(OVER for more information)

Please list **ALL** persons authorized to pick up student from Creative Kids Club: (*Please include all emergency contact persons on this list.*)

_____	_____
_____	_____
_____	_____

Please list anyone who is **NOT** authorized to pick up student _____

Emergency contact (Please list three contacts) - In the case of Emergency when parents cannot be reached these persons can be called.

1. Contact person _____

Home Telephone _____ Work Telephone _____

Address _____

2. Contact person _____

Home Telephone _____ Work Telephone _____

Address _____

3. Contact person _____

Home Telephone _____ Work Telephone _____

Address _____

Instructions In Event of Emergency Early School Closing: _____

Student's Doctor _____ Telephone _____

Student's Dentist _____ Telephone _____

Special Health Considerations _____

Allergies _____